

Lymphedema

Xochitl Velazquez Arroyo

Autonomous University of Barcelona, Spain

The lymphedema has been treated with decompressive drainage, the use of stockings, and other conservative ways, but nowadays there are several surgical techniques such as the transfer of the lymphatic vessel to the adjacent vein or artery, which allows the flow of the lymphatic fluid into the circulatory system, and with this, we expect a decrease of the diameter obtained in the affected limb.

When the lymphedema is more advanced is necessary to perform liposuction of the fat accumulated for years, regionally, as it often limits flexion and extension of elbow and wrist, in addition to a disproportionate increase in the weight of the limb. Along with this, and in a second stage, we can include a transfer of autologous lymph nodes from the contralateral armpit or groin that will allow the lymphatic fluid to drain from the limb.

In order to evaluate the success of the multidisciplinary therapies, the circumference of the injured limb will be measured from the distal end of the fingers to the metatarsophalangeal joint every 2cm and from the wrist to the axillary crease every 5cm and the contralateral to make the comparison and over the following months, similar measurements will be made to assess the evolution of the decrease in circumference.

We need to encourage the specialists, patients, and everyone involved to collaborate in multidisciplinary treatment.

Biography

Xochitl Velázquez Arroyo has completed her training in lymphedema after Microsurgery Reconstruction of Limbs by “Universidad Autonoma de Barcelona” being student of Dr. Isao Koshima and Dr. Jaume Masiá and learning many surgical techniques visiting countries like Finland, Romania, England, Italy, Israel, etc. She is the director of “Linfective”, one of the first organizations in lymphedema in Mexico.

draxochitlva99@gmail.com